

Frequently Asked Questions (FAQ): OHP 1115 Medicaid Waiver for 2022-2027

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General OHP 1115 waiver questions

What is Medicaid?

Medicaid is a national program that with the state, provides free or low-cost health care to people of all ages with limited income and resources. It helps people and families who need help paying for medical or long-term care. Across the United States, Medicaid covers 92 million people.

Each state partners with the federal government and has its own Medicaid program. Medicaid program names are different from state to state. For example, Washington's program is Apple Health, while California's plan is called Medi-Cal. Oregon's program is called Oregon Health Plan (OHP).

What is the Oregon Health Plan (OHP)?

OHP is Oregon's Medicaid and Children's Health Insurance Program (CHIP). OHP provides health care coverage for Oregonians who meet eligibility criteria. Coverage includes doctor visits, hospital care, mental health services, dental, and additional benefits for children and pregnant people. One in three Oregonians are covered by OHP.

How do I get OHP?

People can apply for OHP via the following ways:

- Online using the ONE Applicant Portal (ONE.oregon.gov)
- With the help of a community assister. Find one here: oregonhealthcare.gov/gethelp
- By paper application (form OHP 7210), available <u>here</u>
- Via phone: 1-800-699-9075
- At a local ODHS Office. Find one here: https://www.oregon.gov/dhs/offices/pages/self-sufficiency.aspx

What is CMS?

The Centers for Medicare & Medicaid Services (CMS) is a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to oversee Medicaid, the Children's Health Insurance Program (CHIP), and health insurance standards. Medicare is federal health insurance for people 65 or older, some younger people with disabilities, and people with End-Stage Renal Disease.

What is the 1115 Oregon Health Plan waiver?

Every state must follow a standard set of rules determined by the federal government on how to operate their Medicaid programs. States can, however, ask the federal government for permission to change, or "waive," some aspects of their Medicaid rules outlined in Section 1115 of the Social Security Act. To obtain approval, states must apply for what's called a waiver and work in partnership with CMS to receive approval of their proposed waiver. Waivers can allow state Medicaid programs to cover more people, cover more benefits, or deliver care in a different way. Oregon has operated its Medicaid program under an 1115 waiver since 1994. The history of Oregon's 1115 OHP Medicaid waivers is available online.

What waiver requests have been approved by CMS?

In September 2022, Oregon was granted approval to receive \$1.1 billion in new federal funds to allow the state to provide coverage of services that address health-related social needs (HRSN) for OHP members. These services include critical nutritional services and nutrition education, transitional housing supports, and climate -related resources. CMS authorized coverage because evidence indicates that HRSNs are a critical driver of an individual's health and wellbeing in addition to access to health services that help to keep them well.

The federal government also approved extended OHP eligibility for young children, youth and adults. Specifically, the waiver approved first-in-the-nation coverage for:

- Continuous enrollment to keep children covered in Medicaid up to age six
- Two years continuous enrollment for OHP members aged six and older
- Health-related social needs (HRSNs) including housing, nutrition and climate supports; and
- Coverage for youth with special health care needs up to age 26

What waiver requests have not yet been approved by CMS?

The Oregon Health Authority (OHA) is still awaiting a response from CMS on additional waiver proposals, including limited OHP benefits for justice-involved individuals prior to release, converting the Special Diabetes Program for Indians to a Medicaid benefit, Community Investment Collaboratives, and expenditure authority to reimburse for tribal-based practices. Oregon is awaiting a timeline from federal officials to resume negotiations.

What is the purpose of this waiver?

Waivers are an opportunity for states to test and implement new innovations using Medicaid funding. Oregon is utilizing all available federal funding pathways to extend coverage and benefits to as many people as possible. In the 2022 – 2027 waiver, it is OHA's goal that OHP members who are facing certain life challenges will have social supports available to stay healthy at times in their lives when they are experiencing a greater need. OHA's goals for the waiver are to improve health outcomes by addressing social needs that impact health, ensuring flexible spending for health equity, and creating a more equitable, culturally and linguistically-responsive health care system, which is in line with OHA's aim to eliminate health inequities by the year 2030.

What are OHA's goals for the waiver?

Addressing health equity is the primary focus of Oregon's waiver. OHA is seeking to build on Oregon's history of innovation in health care and make progress towards creating a more equitable, culturally- and linguistically-responsive health care system, while ensuring people can maintain their health coverage and improve health outcomes. When it comes to specific metrics for monitoring and evaluation of the implementation of Oregon's waiver, those will be developed in partnership with community, key implementation partners, and CMS.

How can I get involved in waiver planning?

OHA will be reaching out to communities across the state to ensure that resources exist in every area, put systems in place for fair distribution of benefits, and follow federal rules. Currently, you can stay up-to-date by signing up to get updates by text or email or by joining a webinar in English or Spanish to learn more and provide feedback to OHA.

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<u>Health-related social needs (HRSNs)</u>

What are HRSNs? What are HRSN services?

HRSNs refer to the social and economic needs that individuals experience which affect their ability to maintain health and well-being. HRSNs include things such as housing instability, housing quality, food insecurity, employment, personal safety, lack of transportation, and affordable utilities. HRSN programs can help people address social determinants of health (SDOH) to improve health outcomes. Oregon's HRSN initiative focuses on addressing housing, nutrition and climate-related needs.

Who will be eligible for HRSN services?

Beginning in 2024, OHA plans to cover HRSN services for OHP members in life transitions. This includes:

- Youth ages 19 to 26 with special health care needs with income up to 300 percent of the federal poverty level
- Youth involved with child welfare, including youth leaving foster care at age 18
- People experiencing homelessness or at risk of homelessness
- Older adults who are transitioning to have both Medicaid and Medicare coverage
- People released from settings such as jail, prison, residential facilities, and Oregon State Hospital
- People at high health risk during weather-related emergencies

In addition to experiencing one of the life transitions above, to qualify for HRSN services, OHP members need to meet specific clinical and social risk criteria and have a medical need for the HRSN service. HRSN eligibility requirements will be further defined over the course of the next year.

When will HRSN services be available?

OHA's agreement with CMS is to start HRSN programs no later than January 1, 2025; however, OHA intends to roll out throughout 2024.

How can I receive HRSN services?

OHP members will be able to receive HRSN services through their health plan or through the fee-for-service system. Details on how to request HRSN services are currently being developed. OHA will provide more information about the launch of HRSN programs in the next year.

How can providers and community organizations prepare to offer program benefits?

How Oregon ensures access to these services will be the focus of the planning effort this year, which will involve extensive community and partner input. OHA understands that the agency cannot do this work alone and that community-based organizations (CBOs) and partners are integral to this work. At the foundation of the waiver is getting Oregonians the support they need. OHA will be reaching out to communities with questions and plans for providers and communities.

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Climate services

What will be included in climate benefits?

OHP members can receive devices that maintain healthy temperatures and clean air, including air conditioners, heaters, air filters, and humidifiers. Generators to operate medical devices like ventilators when power outages happen will also be available to qualifying individuals.

When will the climate benefits be available?

OHA is aiming to have climate benefits available in January 2024.

Why are you starting climate benefits in January?

Oregonians are in need of climate resources like heaters and generators during extreme weather and power outages during winter months. The state will have the infrastructure and resources in place to begin delivering the climate service in January 2024.

Where can OHP members get air conditioners now?

If someone is enrolled in a coordinated care organization (CCO), they should contact their CCO and ask to learn more about their flexible services (also called health related services) request process. Most plans require that a provider submit requests for flexible services, but some plans let members self-refer. All health-related services are currently optional for CCOs. If a member has OHP but is not sure which CCO they are in, they can call the Client Services Unit, which can be reached at 1-800-273-0557 or mailto:Ask.OHP@odhsoha.oregon.gov.

Open Card (fee-for-service) OHP members can check with their city or county to see if they have any programs available. Some cities and counties, such as the City of Portland and Multnomah County, have programs with limited supply.

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Housing resources

What will be available for housing benefits?

Housing supports may include one or more of the following components for eligible OHP members:

- Rental assistance or temporary housing for up to six months for individuals transitioning out of institutional care, individuals released from a carceral setting, individuals who are homeless or at risk of homelessness, and youth transitioning out of the child welfare system.
- Utility costs for up to six months for individuals receiving rental assistance or temporary housing
- One-time transition and moving costs (first and last month's rent, moving and relocation expenses)
- Home modifications (ramps, handrails, environmental remediation)
- Pre-tenancy and housing transition navigation services
- Tenancy sustaining services

Who will be eligible for rental assistance/temporary housing?

Rental assistance/temporary housing is available to OHP members who are experiencing one or more of the following transitions:

- Youth transitioning out of the child welfare system, including foster care
- People experiencing homelessness or at risk of homelessness
- People transitioning out of inpatient/residential behavioral health settings
- People released from settings such as jail, prison, and residential facilities

In addition, to qualify for rental assistance benefits, OHP members need to meet specific clinical and social risk criteria, have a medical need for the HRSN service, and medical services must be defined as medically necessary and appropriate.

Will adults exiting the carceral systems have access to HRSN housing services? Yes. An adult exiting a carceral setting will be eligible for HRSN services even if they are not also homeless or at risk of homelessness. Even if housed, they could, for example, receive tenancy sustaining services or nutrition services.

How are Youth with Special Health Care Needs (YSHCN) defined?

Youth in this context is defined as age 19 up to age 26. Youth with special health care needs are youth who:

- Have one serious chronic condition as represented by the Pediatric Medical Complexity Algorithm's list of Complex Chronic conditions; or
- Have a serious emotional disturbance or serious mental health illness; or
- Have a diagnosed intellectual or developmental disability; or
- Have an "Elevated Service Need" or functional limitations as determined by two or more "yes" responses to a screener asking questions.

Under the new waiver, youth with special health care needs will also have increased vision & dental services. Effective transition from pediatric to adult health care results in more regular care, patient satisfaction, quality of life, and self-care skills, while there are fewer gaps in care, barriers to care, hospital admission rates, and length of hospital stays.

Will YSHCN transitioning to adulthood have access to HRSN housing services? CMS was clear in negotiations that YSHCN do not have access to housing services solely based on their status as a youth with special health care needs. For example, a YSHCN-eligible individual that has secure housing will not have access to the HRSN housing benefit on the basis of wanting to live independently; however, YSHCN who also meet qualifications for being homeless or at risk of homelessness may qualify for HRSN housing services.

Where can I find resources for housing now?

- Dial 2-1-1 or 1-866-698-6155
- Email help@211info.org response within 24 hours
- Text your zip code to 898211 (TXT211) M-F from 9 a.m.- 5 p.m.
- Search for resources at www.211info.org

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Nutritional support

What will be covered by the HRSN nutritional benefits?

Nutrition supports may include one or more of the following components:

- Nutrition and cooking education
- Fruit and vegetable prescriptions for up to 6 months
- Medically tailored meal delivery for up to 6 months
- Meals or pantry stocking for children under 21, YSHCN, and pregnant individuals

Where can I find support now for nutritional benefits?

- <u>Needfood.Oregon.gov</u> a one-stop website for new and existing food needs. It also has flyers and social media images in 11 languages for partners
- ADRC's Older Adult Meals Program ("Meals on Wheels") provides free meals for people across Oregon. Anyone 60+ can receive these meals, there are no income requirements. The ADRC can also help connect people with disabilities, regardless of age, to food resources. Visit the <u>ADRC website</u> or call 855-673-2372.

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Justice-involved individuals

What does "justice-involved" mean?

"Justice-involved individuals" refers to people who are now, or have spent time, in carceral settings including county jails, state prisons, youth correctional facilities, or juvenile detention facilities.

Why is OHA prioritizing justice-involved individuals?

Justice-involved individuals experience disproportionately higher rates of physical and behavioral health diagnoses and are at higher risk for injury and death as a result of violence, overdose, and suicide than people who have never been incarcerated. For example, overdose death rates for justice-involved individuals are more than 100-fold the rates of the general population nationally, and in Oregon, a 2018 study showed people released from state prisons were ten times more likely to overdose on opioids compared to the state's general population. Incarcerated people who have a behavioral health disorder are more likely than those without a disorder to have been homeless in the year prior to their incarceration, less likely to have been employed prior to their arrest, and more likely to report a history of physical or sexual abuse.

By working to ensure justice-involved populations will have access to benefits 90 days prior to release and a ready network of health care services and supports upon release, alongside the proposed transition HRSN services, Oregon aims to:

- Improve physical and behavioral health outcomes of incarcerated members postrelease
- Reduce emergency department visits, hospitalizations, and other avoidable services by connecting justice-involved OHP members to ongoing, communitybased physical and behavioral health services
- Promote continuity of medication treatment
- Reduce health care costs by ensuring continuity of care and services upon release into the community

What is the status of Oregon's 1115 waiver requests for justice-involved populations?

Oregon submitted requests related to justice-involved populations:

- 1. The authority to use federal Medicaid funding to provide HRSN services for individuals releasing from carceral settings for a limited time (up to 6 months or 1 year depending upon service). This request was approved by CMS.
- 2. The authority to use federal Medicaid funding to provide a set of targeted Medicaid services that will support reentry for adults and youth in state and county correctional facilities for up to 90 days prior to release. *This request is still pending approval by CMS*.

What is the timeline for when you expect a decision from CMS on those requests?

Oregon is continuing negotiations with CMS on the requests related to use of federal Medicaid funding for targeted reentry services while in carceral facilities. We do not have an ETA.

What does the decision in California mean for OHA and Oregonians?

The <u>California approval</u> provides a roadmap that should help expedite OHA's application. OHA has been tracking this closely, as Oregon made a very similar request.

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